

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-001821

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 379

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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232782

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USE BLACK INK  
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
MEDICAL CERTIFICATION  
Frank Ellis

Registration District No. 149

Primary Registration District No. 1002

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## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas CityLength of stay in 1b  
40yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION General HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY  
OR  
TOWN Kansas CityInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
904 E 16thReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
George

Middle

Last

Richison Sr.

4. DATE  
OF  
DEATHMonth  
January

Day

Year

19, 1963

5. SEX  
Male6. COLOR OR RACE  
Negro7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
8-8-19059. AGE (last birthday)  
57IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Mechanic10b. KIND OF BUSINESS OR INDUSTRY  
Self Employed11. BIRTHPLACE (City and state or country)  
Bonner Springs, Kansas USA12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Frank Richison

13b. MOTHER'S MAIDEN NAME

Ella McCreary

14. NAME OF HUSBAND OR WIFE

Opal Richison

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Opal Richison 904 E 16th18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Luetic aortic aneurism and left pneuthorax

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III: If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

1-18-63

to

1-19-63

her  
and last saw him alive on

1-19-63

8:10 A

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

1-21-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

23b. DATE

1-25-63

23c. NAME OF CEMETERY OR CREMATORY

Lincoln

23d. LOCATION (City, town, or county)

Kansas City

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros. Funeral Home 18th Benton

25. DATE RECD. BY LOCAL REG.

1-21-63

26. REGISTRAR'S SIGNATURE

Ruth Long

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18 W. Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.